In place of U. S. DEPARTMENT OF COMMERCE PTO-1449 PATENT AND TRADEMARK OFFICE				Complete if Known		
Form				-Application/Number	. NA	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Filing Date	Herewith	
				Applicant(s)	Robert R. McAlister	
				FArt Unit	ANY- 2841	
				Examiner Name (4.5)	NA CARPIO	
SHEET	1	OF	1	Attorney Docket Number	16356.816 (DC-05143)	

			U. S. PATENT DO	CUMENTS								
Examiners,	Cite 4	2 Document Number 42	ePublication[Date]	Name of Paten	ieo or Applican	Tot Cited Document						
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Examiner		1 111	/		Date	2-7-00						
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include a copy of this form with next communication to applicant.